

Name
in
Full

Infant - Bowman

CERTIFICATE OF DEATH

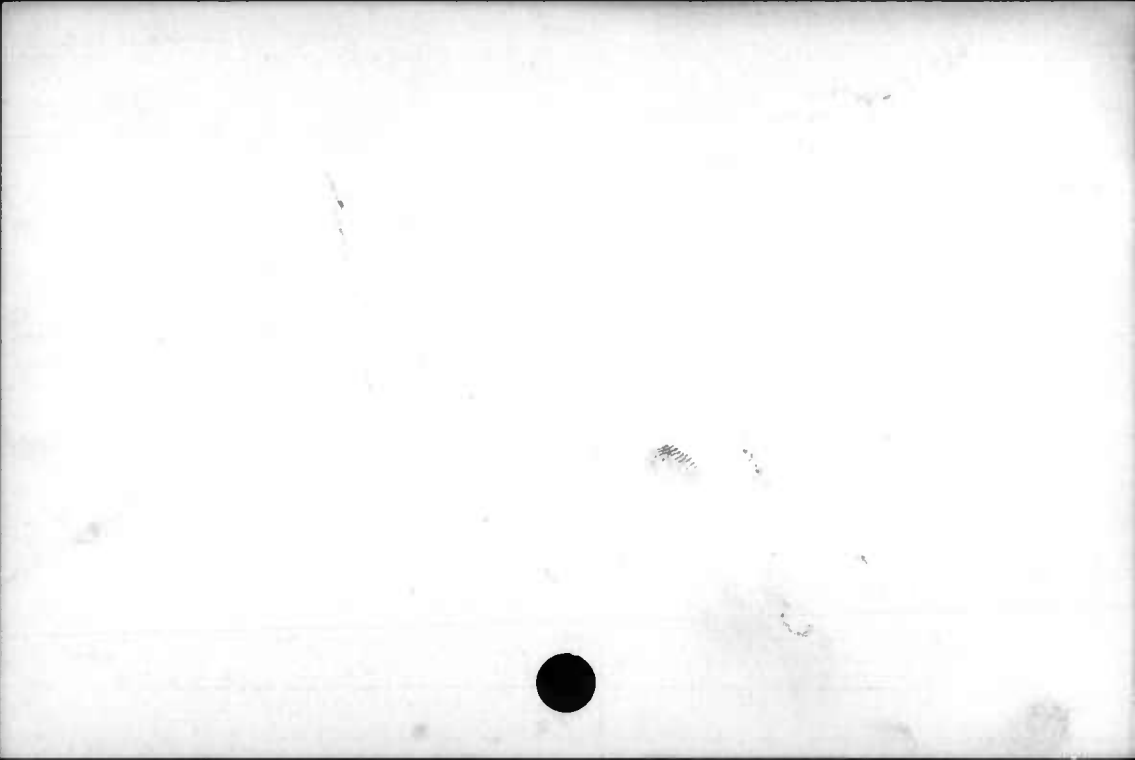
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{near} <i>Sang Run</i>		Town <i>Sang Run</i>		County <i>Garrett</i>		MARYLAND	
Date of death 1903	Month <i>Oct</i>	Day <i>16</i>	Age	Years	Months <i>1</i>	Days	
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Garrett, co</i>				
Married <input checked="" type="checkbox"/> Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name <i>Wm Bowman</i>				Father's Birthplace <i>Mo</i>			
Mother's Maiden Name <i>Hattie Endow</i>				Mother's Birthplace <i>Mo</i>			
Name of person giving information <i>Wm Bowman</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long <i>1 month</i>
Immediate <i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>now physicians attending</i>
<i>A. Savage Undertaker</i>	Address <i>Terrells ville</i>
Accident or Suicide?	<i>Mo</i>



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CERTIFICATE OF DEATH

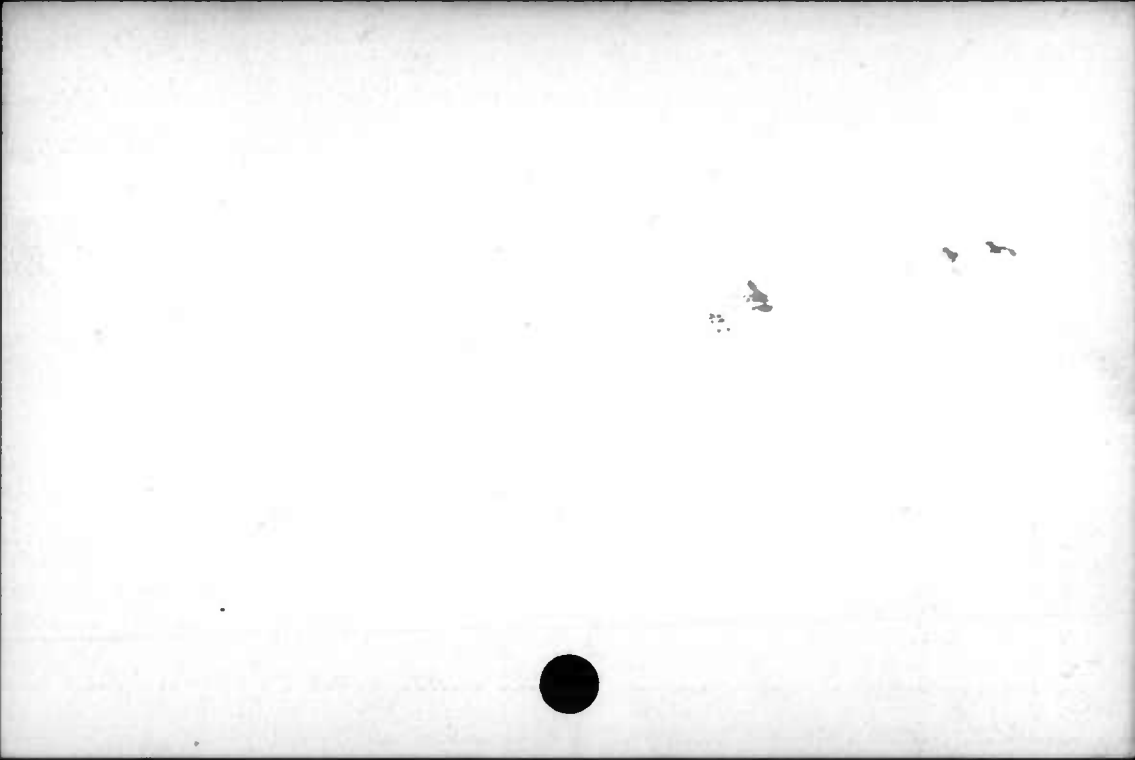
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt. Lake Park</i> Town <i>Elmore</i> County		MARYLAND	
Date of death 1903	Month <i>Oct</i>	Day <i>6</i>	Age <i>40</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ohio</i>	Months Days
Married, Single or Widowed <i>Married</i>		Occupation	
Name of Wife or Husband <i>F. A. Buning</i>			
Father's Name		Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace	
Name of person giving information <i>F. A. Buning</i>		How related to deceased <i>Husband</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia Tuberculosis</i>	How long <i>3 yrs</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. C. Hinebaugh</i>
	Address <i>Carroll</i>
Accident or Suicide?	<i>md</i>



Name
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Bessie McCowley X

CERTIFICATE OF DEATH

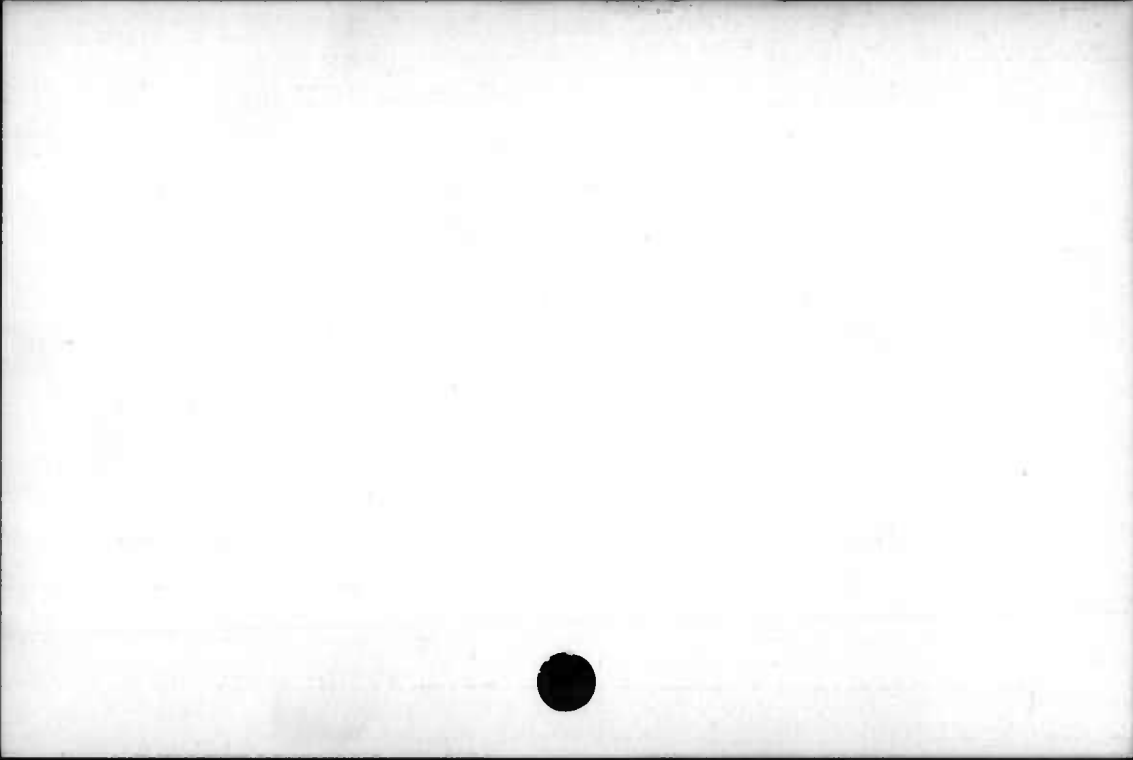
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Altamont</i>		Town		<i>Garnett</i>		County		MARYLAND	
Date of death 1903	<i>Oct</i>	Month	<i>2</i>	Day	Age <i>18</i>	Years	<i>—</i>	Months	<i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Id</i>		Occupation <i>None</i>				
Married Single or Widowed <i>Single</i>					Name of Wife or Husband <i>—</i>				
Father's Name <i>Francis McCowley</i>					Father's Birthplace <i>Id</i>				
Mother's Maiden Name <i>Mahedy Harris</i>					Mother's Birthplace <i>Id</i>				
Name of person giving information <i>J W Conner</i>					How related to deceased <i>—</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>typhoid fever</i>	How long	<i>3 weeks</i>
Immediate	<i>hemorrhage</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>C. J. Hazenbaker MD</i>	
<i>yes</i>		Address <i>Swanton</i>	
Accident or Suicide?			



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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Swanton</i>		Town <i>Swanton</i>		County <i>Essex</i>		MARYLAND							
Date of death 1903		Month <i>10</i>		Day <i>22</i>		Age <i>22</i>		Years <i>22</i>		Months		Days	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Pa</i>									
Married, Single or Widowed <i>married</i>		Occupation <i>nurse</i>											
Name of Wife or Husband													
Father's Name <i>Sydney Rice</i>		Father's Birthplace <i>Pa</i>											
Mother's Maiden Name <i>Mariah Colburn</i>		Mother's Birthplace <i>Pa</i>											
Name of person giving information <i>C. T. Sweet Esq</i>		How related to deceased <i>stepfather</i>											

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>consumption</i>		How long <i>one year</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>C. J. Gayenbaker</i>	
		Address <i>Swanton Md</i>	
Accident or Suicide?			



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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Loch Lyn</i> ^{Town}		<i>Garrett</i> ^{County}		MARYLAND	
Date of death 1903	<i>Oct</i> ^{Month}	<i>4</i> ^{Day}	Age <i>19</i> ^{Years}	<i>3</i> ^{Months}	<i>9</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>MD York Pw</i>		
Married, Single or Widowed <i>Single</i>			Occupation		
Name of Wife or Husband <i>Martin Selby</i>					
Father's Name <i>Martin Selby</i>			Father's Birthplace <i>Silbyshart</i>		
Mother's Maiden Name <i>Gizzie Selby</i>			Mother's Birthplace <i>Burston Md</i>		
Name of person giving information <i>Martin Selby</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia Tuberculosis</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>M. C. Huebner</i>
	Address <i>Cooperland, Md</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Grace Elizabeth Sister ^X

Town

County

Died at

Red House

Garret Co

MARYLAND

Month Day

Y.

M.

D.

Native of

Occupation

Date 1963

Oct 18

Age

5

7

30

Garret Co Md

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

~~Husband~~

of

~~Wife~~

Father's

Name

John Suler

Mother's

Maiden Name

Clara Fike

Cause of

Primary

Measles

How long sick

Two week

Death

Immediate

Pneumonia

~~Accident, Suicide, Homicide~~

Reported by

J Gilbert Selly

Address

Egton W Va

Must be signed by physician, if any in attendance, otharwise by coroner, undertaker or minister.



Name
in
Full

Lea Slabough X

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Gortner* Town *Gortner* County *MARYLAND*

Date of death 1903 *Oct* Month *29* Day Age *21* Years Months *11* Days *11*

Sex *Male* Color or Race *White* Birth-place *Ma*

Married, Single or Widowed *Single* Occupation *Teacher*

Name of Wife or Husband *-*

Father's Name *D. J. Slabough* Father's Birthplace *Pa*

Mother's Maiden Name *Catherine* Mother's Birthplace *-*

Name of person giving information *P. P. Gortner* How related to deceased *Nephew*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Stomach trouble* How long *one week*

Immediate *Perforation* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *M. C. Kimbrough*

Address *Okla*

Accident or Suicide?

